



Patrick K. Ryan, County Executive  
[www.ulstercountyny.gov/personnel/](http://www.ulstercountyny.gov/personnel/)

**Benefit Open Enrollment**  
*October 15 – October 29, 2021*

**Benefit Plan Year**  
*January 1 – December 31, 2022*

# 2022 Employee Benefits Guide

*Medical and Prescription Drugs, Dental, Vision,  
Flexible Spending Accounts, Pearl Insurance, Aflac, Retirement Planning*



Benefits provided in association with



**ALERACARE GROUP**  
RELPH BENEFIT ADVISORS

**Questions | Help**

**1-800-836-0026, x7400**

[support@aleracare.zendesk.com](mailto:support@aleracare.zendesk.com)

**PATRICK K. RYAN**  
County Executive



**DAWN SPADER**  
Personnel Director

**JAMES FARINA**  
Director of Employee Relations

**APRIL RODMAN**  
Administrator, Civil Service & Personnel

## **2022 Health Insurance and Other Benefit Information**

**Again this year, due to the COVID-19 Pandemic there will not be an OPEN ENROLLMENT EVENT but there will be the usual OPEN ENROLLMENT TIME PERIOD (October 15 – October 29) in which you may change your Health Insurance Plan!! Additionally, this year you will have to go into the electronic system to update your coverage. Coverages will not be automatically rolled over!!**

The County will continue to offer its current Health Insurance Programs, the Empire PPO 20 and Empire POS 20 and the PPO 25 plans for 2022. Please see the Benefit Book pages for detailed information on what the Plans offer. As a reminder the PPO 25 is a national network and all of the same benefits as the PPO 20 except that there are additional co-pays for some services and the co-pay for doctor visits are \$25/\$40 (specialist). There is significant savings if you are currently enrolled in the PPO 20 and are not a pre94 employee.

Please take the time to review the **Benefit Book** in print or online. This book provides summaries, health insurance rates, buyout options, and other information regarding your benefits. Browsing this book will help you learn more about available coverages. I suggest all employees send the link:

**<https://www.ulstercountyny.gov/personnel/benefits-management>** to their personal email so they and their family members can review the book at home. The online book may also be accessed anytime, anywhere, by using the link on any PC, smartphone, or tablet.

**Relpb Benefits Advisors, now called Alera Group, continues to partner with Ulster County** for employee benefit consulting and plan management services. In addition, Alera Group will continue to provide their CARE (**C**ustomer **A**ssistance **R**elief **E**veryday) Team to assist the County with healthcare needs and insurance-related questions such as:

- Ordering replacement insurance I.D. cards
- Locating providers and specialists
- Estimates for out-of-pocket cost and plan coverage
- Assistance with resolving provider billing insurance claims

*Note: Your privacy is protected. RBA follows careful protocols, complies with all government privacy standards and your information remains confidential.*

The C.A.R.E. Team Representative may be reached at either [support@aleraedge.com](mailto:support@aleraedge.com) or **1-800-836-0026 ext.7400**. You can continue to reach out to the Ulster County Personnel as well, (845) 340-3545.

### **Other Important information:**

**Open Enrollment and Portal Access:** Friday, October 15<sup>th</sup> through Friday, October 29<sup>th</sup> is open enrollment. This year, you are required to register and complete your benefit renewal on the online enrollment portal website. You will have to reset your password, but the online renewal process has been greatly simplified.

**Legal Requirements:** Under the Affordable Health Care Act, Ulster County as the employer has the responsibility to provide legal notifications to all employees. These legal notifications are extensive and are available on the online enrollment site at [www.aleraedge.com](http://www.aleraedge.com). I encourage Employees to take the time to review these important notifications.

**Federal Requirement of Signing a Waiver if Opting Out of Coverage with Ulster County:** If an Employee does not wish to participate in the Ulster County Health Insurance Programs, they must complete the waiver section in the online enrollment process. If a waiver is not completed and a Health Plan is not selected by November 18, 2020, under Federal rules Ulster County Personnel will enroll the Employee in the POS individual plan, with its appropriate payroll deduction.

**Dependent Eligibility:** Eligible dependents for Ulster County Health Insurance coverage is defined as: a spouse, natural child, stepchild, or a legally adopted child. For further definitions and limitations, please contact Ulster County Personnel.

*If it is determined that a dependent is not eligible, but is enrolled as such, the employee will be held financially responsible for reimbursing the County for any claims paid for services rendered for an ineligible dependent. The insurance company also reserves the right to bill an employee for any medical services paid on behalf of an ineligible dependent.*

**Pharmacy Benefits: New for 2022 – MagellanRx will be the administrator for the Pharmacy program**

**.Ulster Scripts will continue as well. Please be sure to check the Change in Formulary.** Each year, a select group of products are removed from Formularies (also called Preferred Prescriptions) and will no longer be covered in these plans. Members who attempt to obtain medications no longer covered will experience a claim reject at the point of sale and will be required to pay 100% of the full, non-discounted cost of the medication. Some products also will move from preferred (tier 2) to non-preferred (tier 3) status. MagellanRx allows exceptions when medically necessary. Updates throughout the year may be found on the Benefits web page: <http://ulstercountyny.gov/personnel/new-current-employees/benefits-management>.

In addition, there will be other changes to the Preferred Formulary (addition of new drugs, changes from formulary to non-formulary.) In early November, MagellanRx will be providing letters to those members that are impacted that will provide them with alternatives they can discuss with their physicians.

**Cards for 2022:** New ID Cards for Health Insurance with Empire BCBS will be issued for 2022 so be on the lookout for them. You will also receive new Rx cards from MagellanRx . Davis Vision will continue to be active for 2022 as well as Met Life. **The annual maximum has been raised from \$1,500 to \$2,000 for 2022.**

**Urgent Care Out of Network Co-pay:** Continuing through 2022, Urgent Care Copay, both in and out of network, will be your office visit copay. If an Employee or covered family member cannot locate an in-network urgent care center, they may go to an out of network center and pay the office visit copay. This is advantageous as the cost of going to the emergency room includes a co-pay of \$100 for the POS 20 and PPO 20 plans, \$200 for the PPO 25 plan. This can be especially useful when traveling away from home. Reminder: There is also Live Health Online for telehealth urgent care. [www.Livehealthonline.com](http://www.Livehealthonline.com)

**Flexible Spending Account Rollover:** The Flexible Spending Account continues to have a \$550 roll-over feature. The application to enroll in a Flexible Spending Account will be through the online application process. Employees have the ability to roll up to \$550 in remaining funds from the previous year to the following calendar year. This will enable employees to better estimate the amount needed for out-of-pocket health care expenses. Paying medical bills with pre-tax dollars could save 15-20% of the cost of these expenses. Each year **you must re-enroll** and designate the amount you wish to add to your FSA account. Please consider the \$4.50 per month fee when considering your tax savings. The maximum FSA election for 2022 is \$2,750 and the dependent care is \$5,000.

If you have any questions, please feel free to contact me directly by telephone or email. (845)340-3550 or [dspa@co.ulster.ny.us](mailto:dspa@co.ulster.ny.us)

Sincerely,

Dawn Spader  
Personnel Director





From your phone, scan the QR Code using the photos app to connect directly to Alera Gray Login

## [www.aleraedge.com](http://www.aleraedge.com)

Questions? Call Customer Support  
**1-800-836-0026** (Mon-Fri, 8-4:30).

### 1-Click the PARTICIPANT LOG IN tab



### 2-Select ALERAGRAY from the drop-down menu

Welcome

User Name  
case sensitive

Password  
case sensitive

First time here?  
Register to create your account.

Register

Info create confirm login

Info

Company Key  
case sensitive

Social Security Number  
123 45 6789

Date of Birth  
MM/DD/YYYY

Cancel Continue >

Create Account

User Name  
case sensitive

Password

Confirm Password

Security Question  
What is your mother's maiden name?

Answer

Cancel Continue >

### 3-Login

**First Time User:**  
Click on "Register"

Enter **ULSTCO**  
for the Company Key

Create your User Name, Password  
and Security Phrase, and click  
"Continue."

Enter your new information on the  
login page.

**Returning User:**

Enter: User Name and Password.

Welcome

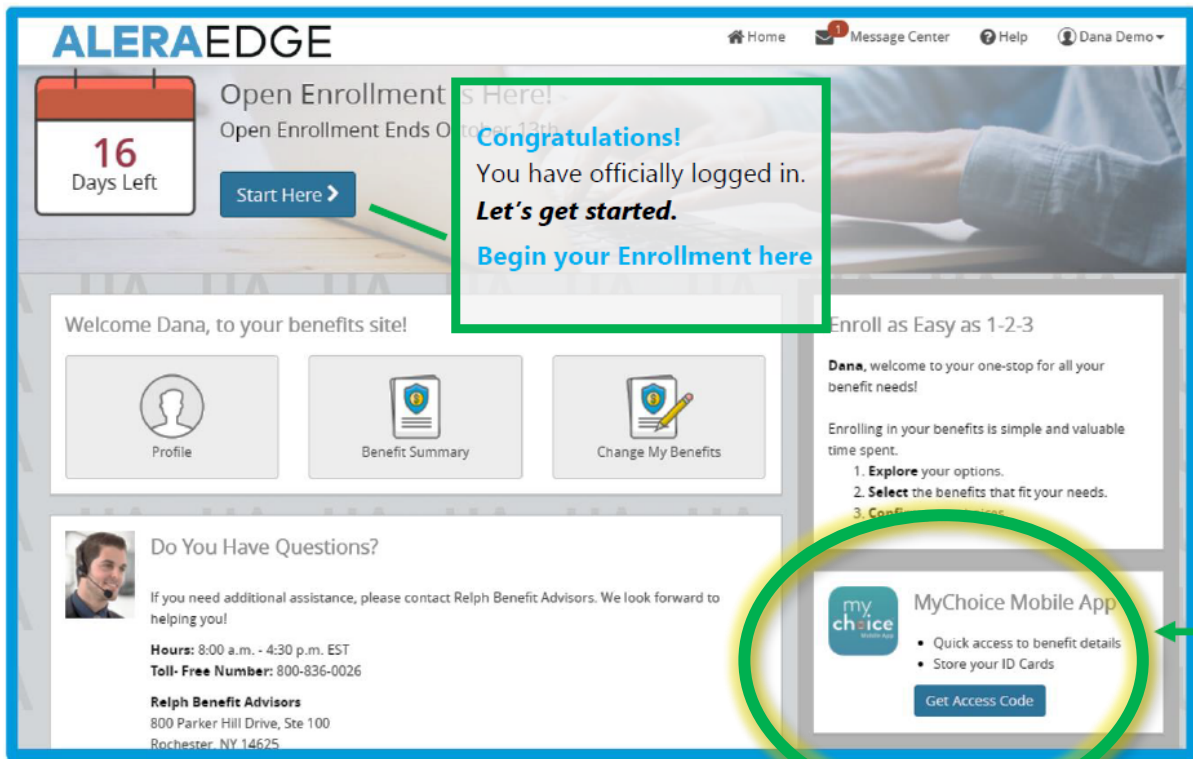
User Name  
case sensitive

Password  
case sensitive

Login >

Forgot your user name or password?

Now, it's time to begin your enrollment!



**1 Make Your Elections**

Review your options as you walk through the enrollment process. Click 'Select' to choose plans. Track your choices and total cost on the enrollment bar.

**2 Review Your Elections**

Review and edit your elections—then **Approve**. **Confirm Your Choices** Your enrollment is not complete until you **CONFIRM** your benefit elections.

**3 Print your election**

information and confirm number for future reference. **Review Your Current Plans Anytime**—in the Benefits Summary. Click Benefits Summary

Try the MyChoice App! It's all you need

**Forgot Your Password?**

- 1- Click the link 'Forgot Your Password?'
- 2- Enter your social Security Number, Company Key (ULSTCO), and Date of Birth.
- 3- Answer your security phrase.
- 4- Enter and confirm a new password, then click 'Continue' to return to the login page.

**Life-Changing Event?**

**30-days**—Documentation must be submitted for:  
Marriage /Divorce  
Change in job status for you or an enrolled dependent  
Birth or adoption of a child

**"MyChoice Mobile" App**

Available at the app Store:  
—Android: Google Play  
—iPhone: Apple  
You can:  
-Access current plans  
-Complete Open Enrollment  
-Get alerts and much more!

Use the Website **Reference Center**

Call the Customer Support **1-800-836-0026, x7400**

[support@aleraedge.com](mailto:support@aleraedge.com)

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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information.

While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail.

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

If you have any questions about your Guide, contact Employee Benefits.

# Ways to \$ave Money on Your Health Care Expenses

**For those who pay 10% 15% or 20% and are currently enrolled in the PPO20 you may want to consider choosing the PPO25 this year.** This plan offers less money out of your paycheck. Pay for what you need at time of service.

The PPO25 plan provides same benefits as the PPO20 except that there are copays for some services and the provider office visit copayments are \$25/\$40. The PPO25 plan gives you access to the same local and national network of providers and provides lower co-pays on prescription coverage.

<b>Benefit Feature</b>	<b>POS20</b>	<b>PPO20</b>	<b>PPO25</b>
<b>Deductible</b>	In Network: N/A OutNetwork: \$2,000/\$5,000	In Network: N/A OutNetwork: \$500/\$1,250	In Network: N/A OutNetwork: \$500/\$1,250
<b>Out of Pocket Maximum</b>	InNetwork: \$3,880/\$9,700 OutNetwork: \$8,000/\$20,000	InNetwork: \$3,880/\$9,700 OutNetwork: \$1,000/\$2,500	InNetwork: \$3,880/\$9,700 OutNetwork: \$1,000/\$2,500
<b>Coinsurance</b>	InNetwork: N/A OutNetwork: 40%	InNetwork: N/A OutNetwork: 20%	InNetwork: N/A OutNetwork: 20%
<b>In Network Copays   Out of Network: Deductible &amp; Coinsurance Apply</b>			
<b>Office Visit</b>	\$20 Copay	\$20 Copay	\$25 Copay Primary Care \$40 Copay Specialist Care
<b>OutPatient Surgery</b>	\$0 Copay	\$0 Copay	\$100 Copay
<b>MRI/CAT/PET Scans</b>	\$0 Copay	\$0 Copay	\$75 Copay
<b>Urgent Care</b>	\$20 Copay	\$20 Copay	\$25 Copay
<b>Emergency Room</b>	\$100 copayment <i>(waived if admitted w/in 24-hrs)</i>	\$100 copayment <i>(waived if admitted w/in 24-hrs)</i>	\$200 copayment <i>(waived if admitted w/in 24-hrs)</i>
<b>Hospital Admission</b>	\$0 Copay	\$0 Copay	\$200 Copay
<b>Prescriptions (30-day Supply)</b>	\$5 / \$20 / \$40	\$10 / \$25 /\$40	\$10 / \$25 /\$40

**As a reminder - the next time you or a covered family member needs immediate care,** consider using the services of one of the many local Urgent Care facilities. You will only have to pay the regular office visit co-pay instead of the emergency room co-pay. A list of Urgent Care providers follows. Plan ahead, become familiar with the location of the one most convenient for you and your family.

**For your medications,** ask your physician to prescribe a generic instead of a brand name medication, or one on our formulary (list of included drugs) instead of a non-formulary choice. Your co-pay will be less in either of these situations.

- ▶ **Using mail order methods for medications** will save you one co-pay every three months. Many retail stores also have lists of certain medications they offer for even less than our co-pay. Always use your coverage card too, as that can make your payment even lower than their 3-month supply price. The co-pay is a maximum you can be charged so if the price is lower, you will only have to pay that amount.

**NEW: You can also use Walgreens** for your maintenance medication and receive a 3-month supply for 2-copayments. Walgreens is the only retail store that provides this service at this time.

- ▶ **For brand name maintenance medications** (ones that you take every month without changing anything) that do not have a generic option, consider using our mail order program, Ulster Scripts. Information and enrollment forms for employees covered by our prescription plan and your dependents can be found in this book and if your medication is on their available medications, you can receive a 3-month supply for NO co-pay.

**Our coverage with Empire Blue Cross Blue Shield includes a free nurse helpline service. PH: 1-877-Talk2RN**

**(1-877-825-5276). Consider making a phone call before your next trip to the doctor or emergency room. You might find your situation can be resolved without a needless inconvenient visit or possibly be delayed until your normal physician office is open the next morning.**

# Health Insurance Rate Grid—2022

<b>MEDICAL PLAN WITH DENTAL &amp; VISION</b>								
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
CSEA	Before 1/1/1994 (fixed contributions)	Employee	\$8.00	\$8.00	\$8.00	\$4.00	\$4.00	\$4.00
		Emp+Spouse	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
		Emp+1 Child	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
		Emp+Children	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
		Emp+Family	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
PBA	Before 7/1/1994	Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UCSEA	Before 7/1/1994 (fixed contributions)	Emp+Spouse	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
		Emp+1 Child	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
		Emp+Children	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
		Emp+Family	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
PBA	7/1/1994—9/1/2015	Employee	\$136.06	\$193.54	\$122.92	\$68.03	\$96.77	\$61.46
CSEA	1/1/1994—9/19/2012	Emp+Spouse	\$304.98	\$434.30	\$275.41	\$152.49	\$217.15	\$137.70
UCSA	5/19/2010—2/20/2013	Emp+1 Child	\$260.63	\$369.83	\$235.66	\$130.31	\$184.92	\$117.83
UCSEA	7/1/1994—8/18/2014 (15% of total Premium)	Emp+Children	\$286.60	\$407.30	\$259.00	\$143.30	\$203.65	\$129.50
		Emp+Family	\$421.36	\$599.54	\$380.61	\$210.68	\$299.77	\$190.31
Employee Group	Hire/Elected Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
PBA	After 9/1/2015	Employee	\$181.42	\$258.05	\$163.89	\$90.71	\$129.03	\$81.95
CSEA	After 9/19/2012	Emp+Spouse	\$406.65	\$579.07	\$367.21	\$203.32	\$289.54	\$183.61
UCSA	After 2/20/2013	Emp+1 Child	\$347.51	\$493.11	\$314.21	\$173.75	\$246.56	\$157.10
UCSEA	After 8/1/2014	Emp+Children	\$382.14	\$543.07	\$345.33	\$191.07	\$271.54	\$172.67
Officials/Legislators	After 1/20 (20% of total Premium)	Emp+Family	\$561.82	\$799.38	\$507.48	\$280.91	\$399.69	\$253.74
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
Management Non-Union	Before 5/18/2010	Employee	\$90.71	\$129.03	\$81.95	\$45.35	\$64.51	\$40.97
UCSA		Emp+Spouse	\$203.32	\$289.54	\$183.61	\$101.66	\$144.77	\$91.80
Superior Officers Union		Emp+1 Child	\$173.75	\$246.56	\$157.10	\$86.88	\$123.28	\$78.55
		Emp+Children	\$191.07	\$271.54	\$172.67	\$95.53	\$135.77	\$86.33
		Emp+Family	\$280.91	\$399.69	\$253.74	\$140.45	\$199.85	\$126.87

Rounding of Premium Contributions May Lead to Slight Differences



# Health Insurance Rate Grid—2022

<b>DENTAL &amp; VISION without MEDICAL PLAN</b>				
<b>Employee Group</b>	<b>Hire Date</b>	<b>Coverage</b>	<b>MONTHLY</b>	<b>BI WEEKLY</b>
CSEA	Before 1/1/1994 (fixed contributions)	Employee	\$0.00	\$0.00
		Emp+Spouse	\$0.00	\$0.00
		Emp+1 Child	\$0.00	\$0.00
		Emp+Children	\$0.00	\$0.00
		Emp+Family	\$0.00	\$0.00
<b>Employee Group</b>	<b>Hire Date</b>	<b>Coverage</b>	<b>MONTHLY</b>	<b>BI WEEKLY</b>
PBA UCSEA	Before 7/1/1994 (fixed contributions)	Employee	\$0.00	\$0.00
		Emp+Spouse	\$0.00	\$0.00
		Emp+1 Child	\$0.00	\$0.00
		Emp+Children	\$0.00	\$0.00
		Emp+Family	\$0.00	\$0.00
<b>Employee Group</b>	<b>Hire Date</b>	<b>Coverage</b>	<b>MONTHLY</b>	<b>BI WEEKLY</b>
PBA	7/1/1994—9/1/2015	Employee	\$6.19	\$3.09
CSEA	1/1/1994—9/19/2012	Emp+Spouse	\$12.76	\$6.38
UCSA	5/19/2010—2/20/2013	Emp+1 Child	\$13.86	\$6.93
UCSEA	7/1/1994—8/18/2014 (15% of total Premium)	Emp+Children	\$13.86	\$6.93
		Emp+Family	\$18.75	\$9.37
<b>Employee Group</b>	<b>Hire Date</b>	<b>Coverage</b>	<b>MONTHLY</b>	<b>BI WEEKLY</b>
PBA	After 9/1/2015	Employee	\$8.25	\$4.13
CSEA	After 9/19/2012	Emp+Spouse	\$17.02	\$8.51
UCSA	After 2/20/2013	Emp+1 Child	\$18.49	\$9.24
UCSEA	After 8/1/2014 (20% of total Premium)	Emp+Children	\$18.49	\$9.24
		Emp+Family	\$24.99	\$12.50
<b>Employee Group</b>	<b>Hire Date</b>	<b>Coverage</b>	<b>MONTHLY</b>	<b>BI WEEKLY</b>
Management Non-Union Legislators		Employee	\$4.13	\$2.06
		Emp+Spouse	\$8.51	\$4.25
UCSA Superior Officers Union	Before 5/18/2010 (10% of total Premium)	Emp+1 Child	\$9.24	\$4.62
		Emp+Children	\$9.24	\$4.62
		Emp+Family	\$12.50	\$6.25

Rounding of Premium Contributions May Lead to Slight Differences

# Empire BCBS Summary of Benefits— POS20 Plan



An Anthem Company

## Your Summary of Benefits

### County of Ulster 2022 - POS 20

Benefit	In-Network <sup>2</sup>	Out-of-Network <sup>3</sup>
Deductible	N/A	\$2,000/\$5,000
Coinsurance	N/A	40%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Medical Cost Shares)	\$20,000/\$50,000 Coinsurance Stop Loss (\$8,000/\$20,000 out-of-pocket) coinsurance max
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered through the end of the month)	Dependents to Age 26	Dependents to Age 26
<b>Covered Preventive Care<sup>1</sup></b>	<b>Member Pays</b>	<b>Member Pays</b>
Covered Adult Preventive Care	\$0	Deductible and coinsurance
Annual Physical Exam	\$0	Deductible and coinsurance
Well-Child Care (Up to age 19; including covered immunizations)	\$0	Deductible and coinsurance
Preventive Well-Woman Care	\$0	Deductible and coinsurance
<b>Home/Office/Outpatient Care</b>	<b>Member Pays</b>	<b>Member Pays</b>
Home/Office/Outpatient Visits Copayment	\$20 copayment	Deductible and coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Online Visits	\$0 copayment	Deductible and coinsurance
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery <sup>4,5</sup>	\$0	Deductible and coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and coinsurance
Routine Maternity Care	\$0	Deductible and coinsurance
Laboratory Tests, X-rays, MRI <sup>4</sup> /MRA <sup>4</sup> , CAT Scan <sup>6</sup> , PET <sup>6</sup> and Nuclear Cardiology <sup>6</sup>	\$0	Deductible and coinsurance
Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copayment (Waived for treatment)	Deductible and coinsurance
Acupuncture (Up to 30 visits per calendar year)	\$20 copayment	Deductible and coinsurance
Chiropractic Care (Up to 30 visits per calendar year) <sup>7</sup>	\$20 copayment	Deductible and coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and coinsurance
Hospice Care (Unlimited Days)	\$0	Deductible and coinsurance
Physical Therapy <sup>4</sup> (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Speech/Language <sup>4</sup> , Occupational <sup>4</sup> , Vision Therapies (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Outpatient Cardiac Rehabilitation	\$20 copayment	Deductible and coinsurance
Second Surgical Opinion	\$20 copayment	Deductible and coinsurance
Kidney Dialysis	\$0	Deductible and coinsurance

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. In Connecticut, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

# Empire BCBS Summary of Benefits— POS20 Plan

Benefit	In-Network <sup>2</sup>	Out-of-Network <sup>3</sup>
<b>Inpatient Care<sup>4</sup></b>		
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Surgery, Surgical Assistant, Anesthesia	\$0	Deductible and coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and coinsurance
<b>Mental Health</b>		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Care <sup>8</sup> As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
<b>Alcohol/Substance Abuse</b>		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification <sup>8</sup> (As many days as is medically Necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation <sup>8</sup>	\$0	Deductible and coinsurance
<b>Other</b>		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment <sup>4</sup>	\$0	Deductible and coinsurance
Prosthetics & Orthotics <sup>4</sup>	\$0	Deductible and coinsurance
Ambulance (air ambulance)	\$0	In-network benefits apply

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. In Connecticut, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

- 1) Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (2) In-network provider delivers care. In-network providers are in Empire's POS network, and in our affiliate POS network in Connecticut, Anthem Blue Cross and Blue Shield.
- (3) Out-of-network providers are providers who are not in Empire's POS network or our affiliate network in Connecticut, Anthem Blue Cross and Blue Shield. Out-of-network services rendered by providers who do not participate with Empire or with another Blue Cross Blue Shield plan through the BlueCard Program are subject to balance billing over the allowed amount. (This does not apply to emergency benefits.)
- (4) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members beyond INN copayment (if applicable) for covered services. You are responsible for obtaining precertification for out-of-network services. Your provider may call for you, but you will be responsible for penalties applied to out-of-network claims if precertification is not obtained.
- (5) For ambulatory surgery, please call the toll-free number on your member ID card to determine exactly which outpatient services require pre-certification.
- (6) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members for covered services. Precertification is not necessary for out-of-network services.
- (7) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after 5th visit.
- (8) Precertification must be obtained from the Behavioral Healthcare Manager, or penalties apply.

**IMPORTANT NOTE:** This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the contract. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions. This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits. Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

# Empire BCBS Summary of Benefits—PPO20 Plan



An Anthem Company

## Your Summary of Benefits

### County of Ulster 2022 – PPO 20

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Cost Shares)	\$5,000/\$12,500 Coinsurance Stop Loss / \$1,500 / \$3,750 Out-of-Pocket Max
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
Covered Preventive Care <sup>4</sup>	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits	\$20 copayment	Deductible and Coinsurance
Online Visits	\$0 copayment	Deductible and Coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery <sup>5</sup> / Outpatient Surgery	\$0	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests, X-rays	\$0	Deductible and Coinsurance
MRI <sup>7</sup> /MRA <sup>7</sup> · CAT Scan <sup>7</sup> , PET <sup>7</sup> & Nuclear Cardiology <sup>7</sup>	\$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance
– Office Visit	\$20 copayment	Deductible and Coinsurance
– Routine Testing	\$0	
– Allergy Injections/Immunotherapy	\$0	
Acupuncture (Up to 30 visits per calendar year)	\$20 copayment	Deductible and coinsurance
Chiropractic Care (Up to 30 visits per calendar year) <sup>10</sup>	\$20 copayment	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and Coinsurance
Hospice Care (Unlimited Days)	\$0	Deductible and Coinsurance
Physical Therapy <sup>5</sup> (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies – Speech/Language <sup>5</sup> , Occupational <sup>5</sup> (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance
Vision Therapy	\$20 copayment	Deductible and Coinsurance

Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.



# Empire BCBS Summary of Benefits—PPO20 Plan

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Cardiac Rehabilitation (Unlimited visits per calendar year)	\$20 copayment	Deductible and Coinsurance
Second Surgical Opinion	\$20 copayment (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
<b>Inpatient Care<sup>9</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and Coinsurance
<b>Mental Health<sup>8</sup></b>	<b>Member Pays In-Network</b>	
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Care <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
<b>Alcohol/Substance Abuse<sup>8</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Detoxification <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Inpatient Rehabilitation <sup>9</sup>	\$0	Deductible and Coinsurance
<b>Other</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment <sup>6</sup>	\$0	Deductible and Coinsurance
Prosthetics & Orthotics <sup>6</sup>	\$0	Deductible and Coinsurance
Ambulance (Land/Air ambulance)	\$0	In-network benefits apply

**Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.**

- Network provider delivers care. Empire's network provider must precertify in-network services; Empire network providers cannot bill members beyond the copayment for covered services.
- Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (8) for Mental Health and Alcohol/Substance Abuse Services.
- Out-of-network (O-O-N) providers – those who do not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Empire or with another Blue Cross and Blue Shield Plan, may balance bill over Empire's allowed amount. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.
- Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- You are responsible for obtaining precertification from Empire's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.
- For services received from an Empire PPO provider, the provider must precertify in-network services; Empire PPO providers cannot bill members beyond the copayment, deductible, or coinsurance for covered services. Outside Empire's network area, you or your provider must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers.
- You are responsible for obtaining precertification from AIM for MRI, MRA, PET, CAT, Nuclear Cardiology, and Echocardiography services rendered by an Empire PPO provider. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. Precertification is not required for these services when rendered from an in-network BlueCard® provider outside of Empire's network area or out-of-network providers.
- You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- Network providers must obtain precertification from Empire's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider.
- Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after 5th visit.

IMPORTANT NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased. Be sure to consult your benefit Contract or Certificate for full details about your coverage. To the extent that there is a conflict between this Summary and your benefit Contract or Certificate, the terms of the Contract or Certificate will control. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

# Empire BCBS Summary of Benefits—PPO25 Plan

## Your Summary of Benefits



An Anthem Company

### County of Ulster 2022 – PPO 25

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Cost Shares)	\$5,000/\$12,500 Coinsurance Stop Loss / (\$1,000/\$2,500 out-of-pocket)
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
<b>Covered Preventive Care <sup>4</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
<b>Home/Office/Outpatient Care</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Home/Office Visits (PCP/Specialist)	\$25 / \$40 copayment	Deductible and Coinsurance
Online Visits	\$0 copayment	Deductible and Coinsurance
Urgent Care Center	\$25 copayment	\$25 copayment
Emergency Room/Facility (initial visit per occurrence)	\$200 copayment (Waived if admitted within 24 hours)	\$200 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery <sup>5</sup> / Outpatient Surgery	\$100 copayment	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests,	\$0	Deductible and Coinsurance
X-rays	\$25 copayment	Deductible and Coinsurance
MRI <sup>7</sup> /MRA <sup>7</sup> , CAT Scan <sup>7</sup> , PET <sup>7</sup> & Nuclear Cardiology <sup>7</sup>	\$75 copayment	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance
– Office Visit	\$25 copayment	
– Routine Testing	\$0	
– Allergy Injections/Immunotherapy	\$0	
Acupuncture (Up to 30 visits per calendar year)	\$25 copayment	Deductible and Coinsurance
Chiropractic Care (Up to 30 visits per calendar year) <sup>10</sup>	\$25 copayment	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and Coinsurance
Hospice Care (unlimited days)	\$0	Deductible and Coinsurance
Physical Therapy <sup>5</sup> (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies – Speech/Language <sup>5</sup> , Occupational <sup>5</sup> (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Vision Therapy	\$25 copayment	Deductible and Coinsurance

Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

# Empire BCBS Summary of Benefits—PPO25 Plan

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Cardiac Rehabilitation (Unlimited visits per calendar year)	\$25 copayment	Deductible and Coinsurance
Second Surgical Opinion	\$25 / \$50 copayment (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
<b>Inpatient Care<sup>9</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and Coinsurance
<b>Mental Health<sup>8</sup></b>	<b>Member Pays In-Network</b>	
Outpatient Visits in Office	\$25 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$25 copayment	Deductible and Coinsurance
Inpatient Care <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
<b>Alcohol/Substance Abuse<sup>8</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Outpatient Visits in Office	\$25 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$25 copayment	Deductible and Coinsurance
Inpatient Detoxification <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
Inpatient Rehabilitation <sup>9</sup>	\$200 copayment	Deductible and Coinsurance
<b>Other</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment <sup>6</sup>	\$0	Deductible and Coinsurance
Prosthetics & Orthotics <sup>6</sup>	\$0	Deductible and Coinsurance
Ambulance (Land/Air ambulance)	\$50 copayment	Deductible and Coinsurance

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- (1) Network provider delivers care. Empire's network provider must precertify in-network services; Empire network providers cannot bill members beyond the copayment for covered services.
- (2) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (8) for Mental Health and Alcohol/Substance Abuse Services.
- (3) Out-of-network (O-O-N) providers – those who do not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Empire or with another Blue Cross and Blue Shield Plan, may balance bill over Empire's allowed amount. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.
- (4) Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (5) You are responsible for obtaining precertification from Empire's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.
- (6) For services received from an Empire PPO provider, the provider must precertify in-network services; Empire PPO providers cannot bill members beyond the copayment, deductible, or coinsurance for covered services. Outside Empire's network area, you or your provider must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers.
- (7) You are responsible for obtaining precertification from AIM for MRI, MRA, PET, CAT, Nuclear Cardiology, and Echocardiography services rendered by an Empire PPO provider. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. Precertification is not required for these services when rendered from an in-network BlueCard® provider outside of Empire's network area or out-of-network providers.
- (8) You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- (9) Network providers must obtain precertification from Empire's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider.
- (10) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after the 5th visit.

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Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

# Empire BCBS Website & TeleMedicine

Please select your account type.

Medicare, Individual & Family, and Employer Group Plans

Medicaid

**Log In**

[Forgot Username or Password? >](#)

[Not signed up? Register now. >](#)

At [www.empireblue.com](http://www.empireblue.com), Select Login

**First time users-select Register now**

Then have your Member ID card to complete your Registration, following the website prompts.

Have your member ID card handy? Use your member ID to register.

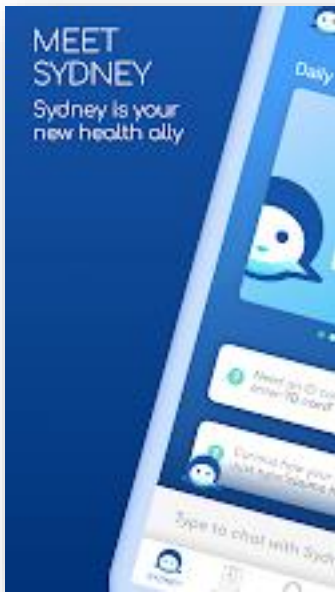
Member ID  Activation code  Student ID

Member ID

Date of birth

First name

Last name



## Get the App—Sydney Health

Save time with Live Chat. Find the information you need about your health care benefits by chatting with an Empire Rep in real time.

## Telemedicine Services Online or Phone App



**See a doctor, 24/7/ 365**

Sign-up now, so you're ready when you need it.

Access LiveHealth Online via smart phone, tablet or computer

The LiveHealth Online app is available on both iOS and Android

Download on the App Store | ANDROID APP ON Google play



# Urgent Care Facilities (InNetwork) Ulster County Area

**AMC EMURGENTCARE**

2976 Route 9W  
Saugerties, NY 12477  
PH: 845-247-9100

**AMC EMURGENTCARE**

11835 State Route 9W  
West Coxsackie, NY 12192  
PH: 518-731-9000

**EMERGENCY ONE**

4274 Albany Post Rd  
Hyde Park, NY 12538  
PH: 845-229-2602

**EMERGENCY ONE**

40 Hurley Ave, Ste 4  
Kingston, NY 12401  
PH: 845-338-5600

**EMERGENCY ONE**

306 Windsor Hwy  
New Windsor, NY 12553  
PH: 845-787-1400

**EMERGENCY ONE**

2555 South Rd  
Poughkeepsie, NY 12601  
PH: 845-330-3200

**EXCEL URGENT CARE FISHKILL**

1004 Main St  
Fishkill, NY 12524  
PH: 845-765-2240

**FIRST CARE MEDICAL PC**

222 State Route 299  
Highland, NY 12528  
PH: 845-691-3627

**FIRST CARE MEDICAL PC**

222 State Route 299  
Highland, NY 12528  
PH: 845-691-3627

**HQUMCP PC**

1351 Route 55 Ste 200  
Lagrangeville, NY 12540  
PH: 845-297-2511

**HQUMCP PC**

1100 Route 55-Ste 101  
Lagrangeville, NY 12540  
PH: 845-485-4455

**HQUMCP PC**

1530 Route 9  
Wappingers Falls, NY 12590  
PH: 845-297-2511

**MIDDLETOWN MEDICAL PC**

112 Shoprite Blvd  
Ellenville, NY 12428  
PH: 845-647-6700

**NUVANCE HEALTH MED PRACTICE**

1240 Ulster Ave  
Kingston, NY 12401  
PH:845-443-8740

## Your Pharmacy Benefit Plan through Magellan Rx Management

Beginning January 1, 2022, Magellan Rx Management will be Ulster County's new pharmacy benefit provider. Our goal is to give you the best service and resources to help you make better healthcare decisions.

### Using your ID card at retail pharmacies

You will receive a new ID card in the mail from Magellan Rx. Please present your card to any of our 68,000+ retail pharmacies every time you fill your prescription. You can access a participating pharmacy list at [magellanrx.com](https://magellanrx.com).

After January 1, if you need to fill a prescription prior to receiving your ID cards, please provide this information to the pharmacy in addition to your identification number or social security number: **RXBIN: 017449; RXGRP: 6792000.**

### Filling first home delivery prescription with Magellan Rx Pharmacy

#### If you already have a 90-day prescription:



**Mail** your 90-day prescription and home delivery order form with payment information to Magellan Rx Pharmacy, P.O. Box 620968, Orlando, FL 32862.

*Home delivery order forms are available at [magellanrx.com/member/forms](https://magellanrx.com/member/forms)*

#### If you need a new prescription:



First, ask your doctor to write two prescriptions:

1. **30-day supply to fill right away at your local pharmacy**
2. **90-day supply with refills to start your home delivery service**



Next, ask your doctor to **e-prescribe** to Magellan Rx Pharmacy, LLC (Mail-ORL) or **fax** your prescription to 888-282-1349.

### Online tools at [magellanrx.com](https://magellanrx.com)

Visit our website for a fast, easy and secure way to manage your pharmacy benefits. At [magellanrx.com](https://magellanrx.com) you can:

- View prescription history
- Find a pharmacy
- Watch medication videos
- Review your formulary/drug list
- Price a drug
- Download forms and ID cards

### Formulary lookup tool

To find drugs that are covered by your plan, we offer an easy-to-use formulary drug lookup tool. The drugs in our formulary have been approved by the Food and Drug Administration (FDA) as safe and effective. They were selected by our team of expert health care professionals.

Visit [magellanrx.com/member/documents](https://magellanrx.com/member/documents) to view formulary documents.

You are using the **Precision** formulary.

[magellanrx.com](https://magellanrx.com)

See the [Magellan Formulary List and Exclusions](#) posted in the AleraEdge Resource Library

## Your 2022 Prescription Benefits

### Copayments

Empire POS 20 Plan	Retail (30-day supply)	Mail (90-day supply)
Tier 1: Generic	\$5	\$10
Tier 2: Preferred Brand	\$20	\$40
Tier 3: Non-Preferred Brand	\$40	\$80

Empire PPO 20 & 25 Plans	Retail (30-day supply)	Mail (90-day supply)
Tier 1: Generic	\$10	\$20
Tier 2: Preferred Brand	\$25	\$50
Tier 3: Non-Preferred Brand	\$40	\$80

### Prior Authorization/Step Therapy

Your plan may have prior authorization and/or step therapy requirements for coverage or limits for select drugs.

**Prior Authorization:** Your plan needs to approve before your doctor can prescribe a specific drug for you.

**Step Therapy:** You must first try one drug to treat your medical condition. If that one doesn't work, then your plan will cover another drug for that condition.

### Questions?

Visit [magellanrx.com](https://magellanrx.com) or call 1.800.424.0472. Support is available to members, pharmacies and prescribers 24 hours a day, 7 days a week.

## MRx Select Savings Specialty Drug Program

Your benefit plan now includes the MRx Select Savings program. This program lowers your healthcare costs and costs incurred by your plan by finding alternative funding sources for select high-cost specialty drugs. We have partnered with Payer Matrix to help secure these funds.

Key points of the program:

- Enrollment in the program can greatly reduce your specialty drug out-of-pocket cost—in many cases to no cost at all.
- We will help you enroll in the program to receive these benefits. Your specialty medication will not be covered if you do not enroll in this program.
- Costs paid by alternative funding sources will not count toward your deductible or out-of-pocket maximum amounts.

Because you have been prescribed a qualified specialty drug, you must engage with Payer Matrix before the pharmacy can fill your prescription:

- A Payer Matrix program case coordinator will contact you.
- Your case coordinator will tell you what you need to know about the program and will walk you through the enrollment process and requirements. They will also answer any questions you may have.
- Please be ready to provide personal and financial details, as many of the programs available through alternative funding sources are based on need.

You can contact Payer Matrix at 877.305.6202 or by email at [customerservice@payermatrix.com](mailto:customerservice@payermatrix.com).

See the [Magellan Formulary List and Exclusions](#) posted in the AleraEdge Resource Library

# Ulster Scripts Employee Program

**Introduction:**

Ulster Scripts is an international mail order option for eligible Employees, Retirees and Dependents of Ulster County, NY, currently covered by your county offered prescription coverage. Your list of qualified maintenance medications is on the reverse.

**Program Savings:**

All member copayments have been **waived** for this program **only**. In addition, by enrolling in this program you will save your health plan substantially on the cost of these medications. It is truly a WIN/WIN for both you and the health plan.

Ulster Scripts		Vs.	Current Purchase Plan			
Annual Cost No Copays!			Copays		Refills	Annual Savings
<b>\$0</b>	Vs.		\$25 (PPO)	x	12	= \$300 / Script
	Vs.		\$40 (PPO)	x	12	= \$480 / Script
	Vs.		\$20 (POS)	x	12	= \$240 / Script
	Vs.		\$40 (POS)	x	12	= \$480 / Script

**Ordering Instructions:**

To place your first order please submit: a completed enrollment form; a new prescription for each medication; and a copy of your photo identification\*.

*\*Similar to a number of states in the US, some Canarx pharmacies require a copy of photo ID be provided prior to dispensing the medications. In order to prevent order delays, we encourage patients to include a clear copy of their photo identification with their enrollment form or upload directly to our secure site [www.CanarxDocs.com](http://www.CanarxDocs.com). If not included, a Canarx representative will contact you when required by the pharmacy dispensing your medications.*

Ask your doctor for a prescription for a **3 month supply** with **3 refills**. We will call you prior to each renewal to ensure that you have a continuous supply. Please allow 4 weeks for delivery.

Medications must be taken for 30 days before ordering through Ulster Scripts.

**RETURN YOUR COMPLETED AND SIGNED ENROLLMENT FORM AND ORIGINAL PRESCRIPTIONS:**



**BY FAXING TO: 1-866-715-MEDS (6337) TOLL FREE**

*Faxed prescriptions are ONLY accepted if sent directly from the physician's office.*

**OR**



**BY MAILING TO: Ulster Scripts**

235 Eugenie St. West  
Suite 105D  
Windsor, ON, Canada  
N8X 2X7

**OR** P.O. Box 3009  
Windsor, ON, Canada  
N8N 2M3

**More forms are available:**

Additional forms may be obtained at the Personnel Department, by printing them from the website at [www.UlsterScripts.com](http://www.UlsterScripts.com) or by contacting our Customer Service Representatives toll free at **1-866-893-(MEDS) 6337**.

**WELCOME TO Ulster Scripts Employee Program**



# Ulster Scripts—Employee Enrollment Form



Ulster Scripts  
Employee Program



ENROLLMENT FORM

<b>Please return completed enrollment form by one of the following methods:</b> MAIL TO: <b>ULSTER SCRIPTS</b> ADDRESS: <b>PO BOX 3009, WINDSOR, ONTARIO CANADA N8N 2M3</b> UPLOAD TO: <b>WWW.CANARXDOCS.COM</b> (Secure upload site.) FAX TO: <b>1-866-715-6337</b> (NOTE: Faxed <u>prescriptions</u> must be sent directly from the physician's office.)		For more information, please call: TOLL-FREE PHONE: <b>1-866-893-6337</b> NAME OF EMPLOYER
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<b>PATIENT INFORMATION</b> (PLEASE PRINT)		DATE OF BIRTH (MM/DD/YYYY)		MEMBER ID #	
PHONE (HOME)	PHONE (CELL)	PHONE (WORK)	EXT.	EMAIL ADDRESS	
FIRST NAME		INITIAL	LAST NAME		
STREET ADDRESS					
CITY		STATE	ZIP CODE	SUBSCRIBER	SPOUSE
				DEPENDENT	

**CURRENT MEDICATIONS / VITAMINS** THIS IS NOT A PRESCRIPTION.  
 LIST ALL: **PRESCRIPTION, NON-PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS; HERBAL, NUTRITIONAL AND VITAMIN SUPPLEMENTS.**

NAME OF MEDICATION <i>Ex. JANUVIA</i>	DOSAGE <i>Ex. 50MG</i>	TIME(S) TO TAKE <i>Ex. TWICE DAILY</i>	DATE STARTED <i>Ex. 08/20/2019</i>	REASON FOR TAKING <i>Ex. DIABETES</i>

**NEW-TO-YOU MEDICATIONS** MUST BE DOMESTICALLY PRESCRIBED, FILLED AND TAKEN FOR A PERIOD OF **NO LESS THAN 30 DAYS** BEFORE ORDERING THROUGH THIS PROGRAM. **PLEASE ASK YOUR PHYSICIAN TO ISSUE A PRESCRIPTION FOR A 3-MONTH SUPPLY OF MEDICATION WITH 3 REFILLS.**

PRESCRIPTION IS ATTACHED     
  PRESCRIPTION WILL FOLLOW BY MAIL     
  PRESCRIPTION WILL BE FAXED FROM PHYSICIAN'S OFFICE

**MEDICAL HISTORY** (If you require more space, please attach a separate piece of paper.)  MALE  FEMALE

- OPERATIONS** (EX. HYSTERECTOMY, GALL BLADDER, HEART OPERATIONS, ETC.):  
 \_\_\_\_\_  
 \_\_\_\_\_
- HOSPITALIZATIONS** (STAYS IN HOSPITAL DURING THE PAST 5 YEARS):  
 \_\_\_\_\_  
 \_\_\_\_\_
- MEDICAL CONDITIONS** (ONGOING - EX. TYPE 1 DIABETES MELLITUS, VASCULITIS, OSTEOPOROSIS, ETC.) — **NOTE:** Please refrain from using generic terms such as "heart disease" as this could indicate any number of conditions such as valvular heart disease, heart failure, a bradyarrhythmia, a tachyarrhythmia, a ventricular conduction delay, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_
- DRUG ALLERGIES:**  YES  NO IF YES, PLEASE SPECIFY.  
 \_\_\_\_\_  
 \_\_\_\_\_

**AUTHORIZATION - IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18**

I certify this to be a true and accurate statement of my Dependent's medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

**AUTHORIZATION - IF THE PATIENT IS THE SUBSCRIBER, SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER**

I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

# Ulster Scripts—Enrollment Form / Agreement

## TERMS OF AGREEMENT

### CONFIRMATION AND REPRESENTATIONS

*I enter into this agreement with Canarx Group Inc. at Christ Church, Barbados (referred to as "Canarx") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs. I represent:*

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my "U.S. physician") and the medicine that I ask Canarx to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask Canarx to assist me in obtaining is medicine that I have already taken, under my U.S. physician's orders and supervision, for at least 30 days prior to placing an order for the medicine through Canarx.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from Canarx or any Canarx selected physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through Canarx strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by Canarx, I will immediately contact my U.S. physician.
14. All information that I give to Canarx is true.

### AUTHORIZATION AND CONSENT

*I consent to, and authorize, the following:*

1. I hereby appoint Canarx and its delegates and contractors (collectively referred to as "Canarx") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician; selecting physicians, pharmacies, and other professionals as necessary to serve me outside the U.S.; and of arranging for pharmacies to dispense to me medications as prescribed.
2. Canarx may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me by mail.
3. Canarx may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. I authorize and instruct my U.S. physician to release to Canarx (and any Canarx selected physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, Xray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
5. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to Canarx from my U.S. physician's office the original signed copy of the prescription.
6. Canarx and its selected physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. Canarx selected physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. Canarx may make payments on my behalf to pharmacies for dispensing medicine in accordance with my prescriptions and to physicians for services rendered on my behalf.
9. I request and authorize my employer or plan holder, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through Canarx in such amounts as are found appropriate by my employer or plan holder in accordance with the benefits plan.

### ACKNOWLEDGEMENT AND RELEASE

*I hereby make the following acknowledgements and releases to Canarx and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:*

1. My U.S. physician is my primary physician. Any Canarx selected physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a Canarx selected pharmacy.
2. Canarx has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a Canarx selected physician and have enlisted the services of Canarx to facilitate it. I understand that the physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I release Canarx and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
5. I acknowledge that I have purchased my medications internationally for personal use and understand that my medications may be subject to U.S. border inspection. I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the Canarx selected pharmacy.
6. I acknowledge that Canarx, as my paid agent, requires payment in full prior to shipment and that my order may not be returned for a refund or an exchange.

### PRIVACY NOTICE AND ACKNOWLEDGEMENT

*I consent to the following terms regarding the collection and use of information about me, and I acknowledge that I can review the Canarx Privacy Policy in detail as provided below:*

1. Canarx may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, Social Security Number, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. Canarx and Canarx selected physicians and pharmacists may share any and all information received from or about me with my U.S. physician, Canarx selected physicians and pharmacists, and my employer or benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
2. I am aware that Canarx may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, selected physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that Canarx, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to Canarx's transmission of my personal information by electronic means to its delegates, employees, selected physicians and pharmacies.
3. I acknowledge that Canarx will obtain health information about me, and is obligated in accordance with the Canarx Privacy Policy to protect such information. I can visit [www.Canarx.com/privacy-policy/](http://www.Canarx.com/privacy-policy/) at any time to view the most updated version of the Canarx Privacy Policy.

### FURTHER ACKNOWLEDGEMENT & RELEASE

*I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:*

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release Canarx and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by Canarx in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.



# Ulster Scripts —Formulary



## Ulster Scripts Employee Program

For More Information: Call 1-866-893-MEDS (6337)

ABILIFY (G) 5MG  
ACTONEL 5MG  
ACTONEL 30MG  
ACTONEL 35MG  
ACTONEL 150MG  
ACTOPLUS 15MG-850MG  
ACZONE 5%  
ADCIRCA 20MG  
ADVAIR DISKUS 100MCG  
ADVAIR DISKUS 250MCG  
ADVAIR DISKUS 500MCG  
ADVAIR HFA 45/21MCG  
ADVAIR HFA 115/21MCG  
ADVAIR HFA 230/21MCG  
AKLIEF 50MCG/G  
ALOCRIL 2%  
ALOMIDE 0.1%  
ALPHAGAN-P 0.15%  
ALREX 0.2%  
ALVESCO 80MCG 100MCG  
ALVESCO 160MCG 200MCG  
ANORO ELLIPTA 62.5/25MCG  
ANZEMET 100MG  
APTOM 200MG  
APTOM 400MG  
APTOM 600MG  
APTOM 800MG  
ARNUTY ELLIPTA 100MCG  
ARNUTY ELLIPTA 200MCG  
AROMASIN 25MG  
ARTHROTEC 50MG  
ARTHROTEC 75MG  
ASACOL HD 800MG  
ASMANEX TWISTHALER 110MCG  
ASMANEX TWISTHALER 220MCG  
ASTAGRAF XL 1MG  
ASTAGRAF XL 5MG  
ATACAND 4MG  
ATACAND 8MG  
ATACAND 16MG  
ATACAND 32MG  
ATACAND HCT 16MG/12.5MG  
ATACAND HCT 32MG/12.5MG  
ATELVIA DR 35MG  
ATROVENT HFA 20UG  
AUBAGIO 14MG  
AZELEX 20%  
AZILECT 0.5MG  
AZILECT 1MG  
AZOPT 1%  
AZOR 20/5MG  
AZOR 40/5MG  
AZOR 40/10MG  
BANZEL 200MG  
BANZEL 400MG  
BECONASE AQ 42MCG  
BENICAR (G) 20MG  
BENICAR (G) 40MG  
BENICAR HCT (G) 20MG/12.5MG  
BENICAR HCT (G) 40MG/12.5MG  
BENICAR HCT (G) 40MG/25MG  
BEPREVE 1.5%  
BETIMOL 0.25%  
BETIMOL 0.5%  
BETOPTIC S 0.25%  
BEYAZ  
BIKTARVY 50MG-200MG-25MG  
BINOSTO 70MG  
BREO ELLIPTA 100/25MCG  
BREO ELLIPTA 200/25MCG  
BRILINTA 60MG  
BRILINTA 90MG  
BYSTOLIC 2.5MG  
BYSTOLIC 5MG  
BYSTOLIC 10MG  
BYSTOLIC 20MG  
CADUET 5/10MG  
CADUET 5/20MG  
CADUET 5/40MG  
CADUET 5/80MG  
CADUET 10/10MG  
CADUET 10/20MG  
CADUET 10/40MG  
CADUET 10/80MG  
CAMBIA 50MG  
CARDURA XL 4MG  
CARDURA XL 8MG  
CELEBREX 100MG  
CELEBREX 200MG  
CLARINEX 5MG  
CLIMARA PATCH 25MCG  
CLIMARA PATCH 50MCG  
CLIMARA PATCH 75MCG  
CLIMARA PATCH 100MCG  
COMBIGAN 0.2-0.5%

COMBIVENT RESPIMAT  
20MCG/100MCG  
COMTAN 200MG  
CRESTOR (G) 5MG  
CRESTOR (G) 10MG  
CRESTOR (G) 20MG  
CRESTOR (G) 40MG  
CRINONE GEL 8%  
DALIRESP 500MCG  
DETROL 1MG  
DETROL 2MG  
DETROL LA 2MG  
DETROL LA 4MG  
DEXILANT DR 30MG  
DEXILANT DR 60MG  
DIFFERIN CREAM 0.1%  
DIFFERIN GEL 0.3%  
DIOVAN (G) 160MG  
DIOVAN (G) 320MG  
DIPENTUM 250MG  
DIPROLENE OINT 0.05%  
DIVIGEL 0.25MG  
DIVIGEL 0.5MG  
DIVIGEL 1MG  
DUAVEE 0.45-20MG  
DULERA 100MCG/5MCG  
DULERA 200MCG/5MCG  
DYMISTA 137/50MCG  
EDARBI 40MG  
EDARBI 80MG  
EDARBYCLOR 40MG/12.5MG  
EDARBYCLOR 40MG/25MG  
EDECRIN 25MG  
EDURANT 25MG  
ELIDEL 1%  
ELIQUIS 2.5MG  
ELIQUIS 5MG  
ELMIRON 100MG  
ENABLEX 7.5MG  
ENABLEX 15MG  
ENTOCORT 3MG  
ENTRESTO 24MG-26MG  
ENTRESTO 49MG-51MG  
ENTRESTO 97MG-103MG  
EPIDUO FORTE 0.3%/2.5%  
EPIDUO GEL PUMP 0.1%/2.5%  
EPIPEN 0.3MG  
EPIPEN JR 0.15MG  
EPIVIR / HBV 100MG  
ESTROGEL 0.06%  
EUCRISA 2%  
EVISta 60MG  
EXELON 4.6MG/24HR  
EXELON 9.5MG/24HR  
EXELON 13.3MG/24HR  
EXFORGE HCT 160/12.5/5MG  
EXFORGE HCT 160/12.5/10MG  
EXFORGE HCT 160/25/5MG  
EXFORGE HCT 160/25/10MG  
EXFORGE HCT 320/25/10MG  
FARESTON 80MG  
FARXIGA 5MG  
FARXIGA 10MG  
FELDENE 10MG  
FELDENE 20MG  
FETZIMA 20MG  
FETZIMA 40MG  
FETZIMA 80MG  
FETZIMA 120MG  
FINACEA GEL 15%  
FLAREX 0.1%  
FLOVENT 44MCG 50MCG  
FLOVENT 110MCG 125MCG  
FLOVENT 220MCG 250MCG  
FLOVENT DISKUS 100MCG  
FLOVENT DISKUS 250MCG  
FOSAMAX PLUS D 70MG-2800IU  
FOSAMAX PLUS D 70MG-5600IU  
FOSRENOL CHEW 500MG  
FOSRENOL CHEW 750MG  
FOSRENOL CHEW 1000MG  
FOSRENOL POWDER 750MG  
FOSRENOL POWDER 1000MG  
FROVA 2.5MG  
GENVOYA 150-150-200-10MG  
GILENYA 0.5MG  
GLUCAGEN HYPOKIT 1MG  
GLUMETZA ER 1000MG  
GLYXAMBI 10MG/5MG  
GLYXAMBI 25MG/5MG  
ILEVRO 0.3%  
IMITREX NASAL SPRAY 5MG  
IMITREX NASAL SPRAY 20MG  
IMITREX STATDOSE 6MG/0.5ML  
INCRUSE ELLIPTA 62.5MCG

INDERAL LA 60MG  
INDERAL LA 80MG  
INDERAL LA 120MG  
INDERAL LA 160MG  
INVEGA 3MG  
INVEGA 6MG  
INVEGA 9MG  
INVOKAMET 50MG-500MG  
INVOKAMET 50MG-1000MG  
INVOKAMET 150MG-500MG  
INVOKAMET 150MG-1000MG  
INVOKANA 100MG  
INVOKANA 300MG  
IRESSA 250MG  
ISOPTO CARPINE 1%  
ISOPTO CARPINE 2%  
ISOPTO CARPINE 4%  
JAKAFI 5MG  
JAKAFI 10MG  
JAKAFI 15MG  
JAKAFI 20MG  
JALYN 0.5MG/0.4MG  
JANUMET 50/500MG  
JANUMET 50/1000MG  
JANUMET XR 50MG/500MG  
JANUMET XR 50MG/1000MG  
JANUMET XR 100MG/1000MG  
JANUVIA 25MG  
JANUVIA 50MG  
JANUVIA 100MG  
JARDIANCE 10MG  
JARDIANCE 25MG  
JENTADUETO 2.5MG-500MG  
JENTADUETO 2.5MG-850MG  
JENTADUETO 2.5MG-1000MG  
JUBLIA 10%  
JULUCA 50MG-25MG  
KAZANO 12.5/500MG  
KAZANO 12.5/1000MG  
KEPPRA (G) 250MG  
KEPPRA (G) 500MG  
KEPPRA (G) 750MG  
KEPPRA (G) 1000MG  
KOMBIGLYZE XR 2.5MG/1000MG  
KOMBIGLYZE XR 5MG/500MG  
KOMBIGLYZE XR 5MG/1000MG  
LATUDA 20MG  
LATUDA 40MG  
LATUDA 60MG  
LATUDA 80MG  
LATUDA 120MG  
LEScol XL 80MG  
LEXIVA 700MG  
LIALDA 1.2MG  
LINZESS 72MCG  
LINZESS 145MCG  
LINZESS 290MCG  
LOTEMAX GEL 0.5%  
LOTEMAX OINT 0.5%  
LOTEMAX SUSP 0.5%  
LOVENOX 40MG  
LOVENOX 60MG  
LOVENOX 80MG  
LOVENOX 100MG  
LUMIGAN 0.01%  
MESNEX 400MG  
MESTINON TS 180MG  
METRO CREAM 0.75%  
METROGEL PUMP 1%  
MICARDIS HCT 40/12.5MG  
MICARDIS HCT 80/12.5MG  
MICARDIS HCT 80/25MG  
MIGRANAL 4MG/ML  
MIRAPEX ER 0.375MG  
MIRAPEX ER 0.75MG  
MIRAPEX ER 1.5MG  
MIRAPEX ER 2.25MG  
MIRAPEX ER 3MG  
MIRAPEX ER 3.75MG  
MIRAPEX ER 4.5MG  
MIRVASO 0.33%  
MOTEGRITY 1MG  
MOTEGRITY 2MG  
MULTAQ 400MG  
MYRBETRIQ 25MG  
MYRBETRIQ 50MG  
NAMENDA (G) 10MG  
NASONEX 50MCG  
NATAZIA 3/2-2/2-3/1MG  
NESINA 6.25MG  
NESINA 12.5MG  
NESINA 25MG  
NEUPRO 1MG  
NEUPRO 2MG  
NEUPRO 3MG

NEUPRO 4MG  
NEUPRO 6MG  
NEUPRO 8MG  
NEXIUM (G) 20MG  
NEXIUM (G) 40MG  
NEXIUM DR (G) 10MG  
NEXLETL 180MG  
NEXLIZET 180MG-10MG  
NORITATE CREAM 1%  
OMNARIS 50MCG  
ONGLYZA 2.5MG  
ONGLYZA 5MG  
ORLISSA 150MG  
ORLISSA 200MG  
OSPHERA 60MG  
OTEZLA 30MG  
PENTASA 500MG  
PRADAXA 75MG  
PRADAXA 150MG  
PRED FORTE 1%  
PREMARIN 0.3MG  
PREMARIN 0.625MG  
PREMARIN 1.25MG  
PREMARIN CREAM 0.625MG/GM  
PREMPRO 0.3MG/1.5MG  
PRESTALIA 3.5MG/2.5MG  
PRESTALIA 7MG/5MG  
PRESTALIA 14MG/10MG  
PREVACID SOLUTAB 15MG  
PREVACID SOLUTAB 30MG  
PREZISTA 800MG  
PRISTIQ 50MG  
PRISTIQ 100MG  
PROMETRIUM 100MG  
PROTOPIC OINT 0.03%  
PROTOPIC OINT 0.1%  
QTERN 10-5MG  
QVAR REDIHALER 40MCG  
QVAR REDIHALER 80MCG  
RAPAFLO 4MG  
RAPAFLO 8MG  
RAPAMUNE 0.5MG  
RAPAMUNE 1MG  
RAPAMUNE 2MG  
RELPAK 20MG  
RELPAK 40MG  
RENAGEL 800MG  
RENVELA 800MG  
RESTASIS MULTIDOSE 0.05%  
RESTASIS VIALS 0.05%  
RETIN A GEL (G) 0.025%  
RETIN A MICRO GEL PUMP 0.04%  
RETIN-A MICRO GEL PUMP 0.1%  
REXULTI 0.25MG  
REXULTI 0.5MG  
REXULTI 1MG  
REXULTI 2MG  
REXULTI 3MG  
REXULTI 4MG  
RYBELSUS 3MG  
RYBELSUS 7MG  
RYBELSUS 14MG  
SAPHRIS 5MG  
SAPHRIS 10MG  
SEASONIQUE 0.15/0.03/0.01MG  
SEGLUROMET 2.5MG-500MG  
SEGLUROMET 2.5MG-1000MG  
SEGLUROMET 7.5MG-500MG  
SEGLUROMET 7.5MG-1000MG  
SENSIPAR 30MG  
SENSIPAR 60MG  
SEREVENT DISKUS 50MCG  
SEROQUEL XR (G) 50MG  
SEROQUEL XR (G) 150MG  
SEROQUEL XR (G) 200MG  
SEROQUEL XR (G) 300MG  
SEROQUEL XR (G) 400MG  
SIMBRINZA 1%/0.2%  
SOOLANTRA 1%  
SPIRIVA 18MCG  
SPIRIVA RESPIMAT 2.5MCG  
STEGLATRO 5MG  
STEGLATRO 15MG  
STEGLUJAN 5MG-100MG  
STEGLUJAN 15MG-100MG  
STIOLTO RESPIMAT 2.5/2.5MCG  
STRATTERA 10MG  
STRATTERA 18MG  
STRATTERA 25MG  
STRATTERA 40MG  
STRATTERA 60MG  
STRATTERA 80MG  
STRATTERA 100MG

SYNAREL NASAL  
SYNJARDY 5MG/500MG  
SYNJARDY 5MG/1000MG  
SYNJARDY 12.5MG/500MG  
SYNJARDY 12.5MG/1000MG  
TARKA 2/180MG  
TARKA 4/240MG  
TASMAR 100MG  
TAZORAC CREAM 0.05%  
TAZORAC CREAM 0.1%  
TAZORAC GEL 0.05%  
TAZORAC GEL 0.1%  
TECFIDERA 120MG  
TECFIDERA 240MG  
TEKTURNA 150MG  
TEKTURNA 300MG  
TIVICAY 50MG  
TOBREX OINT 0.3%  
TOVIAZ 4MG  
TOVIAZ 8MG  
TRADJENTA 5MG  
TRAVATAN Z 0.004%  
TRELLEGY ELLIPTA 100-62.5-25MCG  
TRIBENZOR 20/5/12.5MG  
TRIBENZOR 40/5/12.5MG  
TRIBENZOR 40/5/25MG  
TRIBENZOR 40/10/12.5MG  
TRIBENZOR 40/10/25MG  
TRINTELLIX 5MG  
TRINTELLIX 10MG  
TRINTELLIX 20MG  
TRIUHQ 600-50-300MG  
TUDORZA PRESSAIR 400MCG  
TWINSTA 40/5MG  
TWINSTA 40/10MG  
TWINSTA 80/5MG  
TWINSTA 80/10MG  
UCERIS 9MG  
ULORIC 80MG  
UROCIK-K 10MEQ  
URSO 250MG  
VAGIFEM 10MCG  
VECTICAL 3MCG/GM  
VELPHORO 500MG  
VENTOLIN HFA 90MCG  
VESICARE 5MG  
VESICARE 10MG  
VIBRYD 10MG  
VIBRYD 20MG  
VIBRYD 40MG  
VIMOVO 375/20MG  
VIMOVO 500/20MG  
VIREAD (G) 300MG  
VIVELLE-DOT 25MCG  
VIVELLE-DOT 37.5MCG  
VIVELLE-DOT 50MCG  
VIVELLE-DOT 75MCG  
VIVELLE-DOT 100MCG  
VRAYLAR 1.5MG  
VRAYLAR 3MG  
VRAYLAR 4.5MG  
VRAYLAR 6MG  
VYTORIN 10/10MG  
VYTORIN 10/20MG  
VYTORIN 10/40MG  
VYTORIN 10/80MG  
WELCHOL 625MG  
WELCHOL PACKET 3.75G  
WELLBUTRIN XL (G) 150MG  
WELLBUTRIN XL (G) 300MG  
XADAGO 50MG  
XADAGO 100MG  
XARELTO 2.5MG  
XARELTO 10MG  
XARELTO 15MG  
XARELTO 20MG  
XELJANZ 5MG  
XELJANZ 10MG  
XELJANZ XR 11MG  
XENICAL 120MG  
XIGDUO XR 5/1000MG  
XIGDUO XR 10/500MG  
XIGDUO XR 10/1000MG  
XIDRA 5%  
YASMIN 28  
YAZ 3/0.02MG  
ZELAPAR 1.25MG  
ZETIA (G) 10MG  
ZIANA 1.2%-0.025%  
ZOMIG NASAL SPRAY 5MG  
ZOMIG ZMT 2.5MG  
ZOVRAX CREAM 5%  
ZYCLARA PACKET 3.75%  
ZYCLARA PUMP 3.75%

**NOTE:** Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. This list is subject to change. Please call 1-866-893-6337 toll free to verify the availability of your medication through this program.

September 2021

# Dental Plan—MetLife

**Group ID Number: 217284**

<b>PROVIDER: METLIFE ELIGIBILITY</b>	Primary enrollee, spouse and eligible dependent children to the end of the month that dependent turns 26
<b>Deductibles</b> Waived for Diagnostic & Preventive & Orthodontics	\$50 per person / \$150 per family each calendar year Yes
<b>Maximums</b> Diagnostic & Preventive counts toward maximum	\$2,000 per person each calendar year Yes

<b>Benefits &amp; Covered Services*</b>	<b>In-Network Providers</b> Negotiated Fee Schedule	<b>Out-of-Network* Providers</b> R & C 90 <sup>th</sup> Percentile
<b>Diagnostic &amp; Preventive Services</b> Exams, cleanings, x-rays, sealants	100%	100%
<b>Basic Services</b> -Fillings	80%	80%
<b>Endodontics</b> (root canals)	80 %	80 %
<b>Periodontics</b> (gum treatment)	80 %	80 %
<b>Oral Surgery</b>	80 %	80 %
<b>Major Services</b> -Crowns, inlays, onlays & cast restorations	50%	50%
<b>Prosthodontics</b> -Bridges, dentures, implants, TMJ	50%	50%
<b>Orthodontic Benefits</b> -dependent children to age 19	50%	50%
<b>Orthodontic Maximums</b>	\$1500 Lifetime	\$1500 Lifetime

\* **Out of Network benefits** are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary (R & C) charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

## Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice—in or out of the network.

- Your plan benefits are based on the percentage of the negotiated fee – the fee that the participating dentists have agreed to accept as payment in full for covered services.

### Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating PDP dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and follow the easy registration instructions.

## Select: PDP Plus Network

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.



**Step 1:**  
Go to [metlife.com](https://www.metlife.com)



**Step 2:**  
Select "I want to find a MetLife:"

Click "Dentist" and enter your ZIP Code, and select your network.



**Step 3:**  
Advanced Search

Use the Advanced Search option to locate a dentist by name, language spoken, specialty or gender.

The screenshot shows two stages of the search process. The top stage is titled "I am interested in:" and features a dropdown menu with the text "Please Select Insurance Type" and a blue "GO" button. The bottom stage is titled "I want to find a MetLife:" and features two radio buttons: "Dentist" (which is selected) and "Vision Provider". Below the radio buttons is a text input field and a blue "SUBMIT" button.



**MetLife Network:** Preferred Dentist Plus Network (PDP Plus)

**Group ID Number:** 217284





## The County of Ulster

### Premier Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

#### Paid-in-full eye examinations, eyeglasses and contacts!

*Frame Collection:* Your plan includes a selection of designer, name brand frames that are completely covered in full.<sup>1</sup>

*Contact Lens Collection:* Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.<sup>1</sup>

#### One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

#### How to locate a Network Provider...

Local, Regional, & National providers including Empire Visionworks, Vision Excel, Kenco, Dr. Joseph Cohen, and Walmart.

For a complete list of providers and more details about the plan please log onto the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) or call

**1.877.923.2847 and  
Enter Client Code 2769**

<sup>1</sup>The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.

<sup>2</sup>Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

<sup>3</sup>Including, but not limited to toric, multifocal and gas permeable contact lenses.

<sup>4</sup>Transitions® is a registered trademark of Transitions Optical Inc.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

IN-NETWORK BENEFITS		
Eye Examination	Every 12 months, Covered in full	
Eyeglasses		
Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses	
Frames	Every 12 months, Covered in full Any Fashion, Designer or Premier frame from Davis Vision's Collection <sup>1</sup> (value up to \$190) OR \$150 retail allowance toward any frame from provider, plus 20% off balance <sup>2</sup>	
Contact Lenses		
Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months, Collection Contacts: Covered in full OR Non Collection Contacts: Standard Contacts: 15% discount <sup>2</sup> Specialty Contacts <sup>3</sup> : 15% discount <sup>2</sup>	
Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup> OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance <sup>2</sup>	
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS	Without Davis Vision	With Davis Vision
<small>Savings based on in-network usage and average retail values.</small>		
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$0
Photochromic Lenses (i.e. Transitions®, etc.) <sup>4</sup>	\$110	\$65

#### Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$0
Lenses		
Bifocals	\$116	\$0
Scratch-Resistant Coating	\$25	\$0
Transitions <sup>®/4</sup>	\$110	\$65
Frame	\$160	\$0
Total	\$514	\$65

Savings up to:  
**\$449**

# Vision Plan—Davis Vision

## Davis Vision plans offer...

### Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

### Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

### Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

### Value-Added Features:

- Mail Order Contact Lenses Replacement contacts (after initial benefit) through DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

### Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) or call 1.877.923.2847 and enter Client Code 2769.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
<b>FRAMES</b>		
Fashion Frame (from the Davis Vision Collection)	\$100	\$0
Designer Frame (from the Davis Vision Collection)	\$160	\$0
Premier Frame (from the Davis Vision Collection)	\$195	\$0
<b>LENSES</b>		
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$78	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$25	\$0
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0
Ultraviolet Coating	\$25	\$0
Standard Anti-Reflective (AR) Coating	\$83	\$35
Premium AR Coating	\$104	\$48
Ultra AR Coating	\$121	\$60
<b>Standard Progressive Addition Lenses</b>	<b>\$198</b>	<b>\$0</b>
Premium Progressives Addition Lenses	\$247	\$40
Ultra Progressives Addition Lenses	\$369	\$90
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$75
Photochromic Lenses (i.e. Transitions®, etc.) <sup>1</sup>	\$110	\$65
Scratch Protection Plan (Single vision   Multifocal lenses)		\$20   \$40

<sup>1</sup> Transitions® is a registered trademark of Transitions Optical, Inc.

### Out-of-Network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

**Vision Care Processing Unit**  
**P.O. Box 1525**  
**Latham, NY 12110**

#### OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Eye Examination up to \$40 | Frame up to \$50  
 Spectacle Lenses (per pair) up to:  
 Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$100  
 Elective Contacts up to \$105, Visually Required Contacts up to \$225

# Flexible Spending Accounts (FSAs)

*Per IRS Regulations: Only IRS qualified dependents are eligible for benefits from these plans.*

## What Is a Flexible Spending Arrangement?

A Flexible Spending Arrangement (FSA) is an employee funded program established to save a portion of their income to pay for qualified medical or dependent care expenses incurred during their benefit plan year. Contributions are taken pre-tax, reducing employee's taxable income and increasing their "take home pay."

## How It Works

Health Care and Dependent Care FSA plans provide employees an opportunity to realize tax savings on medical and day care expenses through separate pre-tax accounts.

## Health Care FSAs—Annual Maximum, \$2,750

The money employees contribute to their Health Care FSA and Limited Health Care FSA is used to reimburse the employee's and/or their covered dependents eligible out-of-pocket health care expenses. FSAs are funded with payroll deductions. The employer determines the plan year and the annual maximum contribution employees may contribute to their Health Care FSA and Limited Health Care FSA during the plan year, provided it falls within IRS limits.

## Dependent Care FSAs—Annual Maximum, \$5,000

A Dependent Care FSA is set up to reimburse eligible dependent care expenses in order for the employee to work. Some example of eligible expenses include:

- Before and after school care
- Expenses for pre-school or nursery school
- Extended day programs
- Au pair services (amounts paid for the actual care of the dependent)
- Babysitter (in or out of the home)
- Nanny services (amounts paid for the actual care of the dependent)
- Summer day camp for qualifying children under age 13
- Elder care for a qualifying individual
- Care for a disabled spouse and/or an IRA tax dependent disabled relative or household member

A Dependent Care FSA is funded with payroll deductions. The IRS limits the dependent care maximum to \$5,000 per year, \$2,500 if the employee is married and filing separately.

Note: Payments to your spouse, child under age 19, the parent of your child (not your spouse) or to an individual qualifying as a tax dependent exemption are not qualifying expenses for Dependent Care FSAs.

**\$550 Rollover Rule:** The Health Care FSAs to allow up to \$550 remaining at the end of a plan year be paid or reimbursed to plan participants for qualified medical expenses incurred during the following plan year.

## PROGRAM NOTES:

1. Your FSA elections are deducted from your payroll in 24-equal deductions.
2. Participants are charged a \$4.50 monthly administration fee (or \$2.25 per pay period).  
NOTE: only 1-fee, if enrolled in both Health Care and Dependent Care FSAs.
3. If an employee's medical coverage through an alternate source is a High Deductible Health plan WITH a Health Savings Account (ex. spouse's medical plan), eligible expenses reimbursed from an FSA are "limited" to qualifying dental and vision expenses.

## [www.aleraedge.com](http://www.aleraedge.com)

(From PARTICIPANT LOG IN, Select ALERAPAY from the dropdown menu)

### Your FSA Reimbursement Management Website

Participants may log-in to their account, monitor payment, upload receipts, and check their balance.

**Login** to your Account

**OR**

**As a New Plan Member** entering your User Identification and follow the prompts to complete.

**Use your phone to access your account via the website or the [AleraPay](#) app to:**

Check Balances

File Claims

Track Expenses

Upload Receipts



# FSA Eligible Expenses for Health Care Reimbursement

Not sure if an expense is eligible? Call [1-800-622-6233](tel:1-800-622-6233) (**ALERAPAY**)

## Eligible Items for Reimbursement

Acupuncture	Flu shots
Alcoholism treatment	Guide dog or other service animal
Ambulance fees	Hearing aids
Artificial limbs	Hospital services
Artificial teeth ( <i>if medically necessary</i> )	Immunizations
Asthma treatments	Incontinence supplies
Bandages	Insulin
Blood-pressure monitoring devices	Laboratory fees
Blood-sugar test kits	Laser eye surgery
Body scans	Mastectomy-related special bras
Braille books & magazines ( <i>cost over price of regular</i> )	Medical information plan charges
Breast pumps	Medical records charges
Breast reconstruction surgery ( <i>following mastectomy</i> )	Obstetrical expenses
Chiropractors	Organ donors
Circumcision	Orthodontia (requires contract)
Co-insurance amounts	Oxygen
Contact lenses, materials & equipment	Physical therapy
Contraceptives	Prescribed drugs
Co-Payments	Preventive care screenings
Crutches	Psychiatric care
Deductibles	Sterilization
Dental sealants	Supplies to treat medical condition
Dental treatment	Telephone for hearing-impaired
Diabetic supplies	Transplants
Diagnostic items/services	Transportation expenses ( <i>including mileage</i> ) for a person to receive medical care
Drug addiction treatment	Walkers
Eye examinations	Wheelchair
Eye glasses	X-ray fees

## Eligible Over-the-Counter Health Care Items

(*reimbursed with receipts*):

Acid controllers	Digestive aids
Allergy & sinus	Hemorrhoidal preps
Antibiotic products	Feminine Anti-fungal/itch
Anti-diarrheas	Laxatives
Anti-gas	Menstrual Care Products
Anti-itch/insect bite	Motion Sickness
Anti-parasitic treatments	Pain relief
Baby rash ointment	Respiratory treatments
Cold sore remedy	Sleep aids & sedatives
Cough, cold, flu	Stomach remedies

**For a complete up-to-date list of FSA Eligible Products & Services, reference the [FSASStore.com](http://FSASStore.com), under Tools, the [Eligibility List](#).**

## Items that POTENTIALLY qualify for Reimbursement

*Must be primarily for medical care and have note from a medical practitioner prescribing the item to treat a specific medical condition*

Adaptive equipment	Learning disability instructional fees
Air purifier	Lodging not at a hospital
Allergy treatment products	Massage therapy
Alternative healers	Meals at a hospital
Books, health related	Mentally handicapped special home
Christian Science practitioners	Nursing services
Classes, health related	Nutritionist's professional expenses
Compression hose	Occupational therapy
Counseling ( <i>Marriage counseling doesn't qualify</i> )	Orthopedic shoes
Dietary supplements	Prenatal vitamins
DNA collection and storage	Propecia
Ear Plugs	Psychoanalysis
Egg donor fees	Psychologist
Elevator	Schools and education, residential & special
Exercise equipment or programs ( <i>only if required to treat an illness diagnosed by a doctor.</i> <i>Proof of Attendance required</i> )	Tobacco cessation programs
Fertility treatments	Sun-protective clothing
Fiber supplements	Tuition for special needs program
Genetic testing	Ultrasound, prenatal
Health Club costs	Varicose veins treatment
Holistic or natural healers	Veterinary fees ( <i>related to service animals</i> )
Home care	Vitamins ( <i>only with prescription</i> )
Hormone replacement therapy	Weight loss programs ( <i>only if required to treat an illness diagnosed by a doctor.</i> <i>Proof of Attendance required</i> )
Hypnosis	Wigs
Infertility treatments	
Inclinators	
Incontinence supplies	
Lactation consultant	
Lamaze classes	

## What is Not Eligible for Health Care FSAs?

Any allowable exclusion <i>defined by the Internal Revenue Code § 213 and Publication 502</i>	Funeral expenses
Appearance improvements ( <i>e.g. cosmetic procedures, teeth whitening, veneers, tanning, hair removal, hair products, hair transplant, ear piercing</i> )	Household help
Babysitting/childcare/nursing services for a healthy baby, car seats, maternity clothes, diaper service	Illegal operations & treatments
Controlled or illegal substances <i>in violation of U.S. federal law</i>	Insurance premium/costs for car/life/income protection/ accident insurance or Medicare Part A
Duplicate reimbursement ( <i>e.g. already reimbursed or available under another plan</i> )	Personal use items (e.g. toothpaste)
	Recreation equipment or lessons ( <i>e.g. bicycle, canoe, dance/swim/martial art lessons</i> )
	Taxes, penalties or fines (e.g. Social Security tax or Self Employment tax)
	Vacations or travel expenses

## Eligible Expenses for Dependent Care FSAs—Children must be under age 13 for charges to be considered unless disabled

Au pair or Nanny Services (amounts paid for the actual dependent care)	Before and after school care	Summer day camp for qualifying children under age 13	Care for a disabled spouse and/ an IRA tax dependent disabled relative or household member
Babysitter (in or out of the home)	Pre-school/Nursery School Expenses	Elder care for qualifying individuals	
	Extended day programs		

# Aflac Insurances (*Disability, Accident, Cancer Hospital, Critical Illness*)



It's that time of the year again... Aflac Open Enrollment is here !! For those of you who don't know, Aflac is **different from** health insurance—Aflac offers voluntary insurance supplements \_that YOU (the policy holder) **\$\$\$\$** to help with expenses while you focus on recovery!

Co-pays, deductible, coinsurance, rent, car payment, phone bill, etc...its **cash!!**

## AFLAC PROGRAMS:

**Disability:** provides a monthly cash benefit when you can't work due to an accident, illness or surgery (maternity included)

**Accident:** provides cash benefits when you are treated for an accident / injury (from poison ivy to broken bones)

**Cancer:** provides a cash benefit upon diagnosis, weekly treatment benefits, transportation and much more

**Hospital:** provides cash benefits for hospital confinement, short-stay or ER visits due to accident or sickness.

**Lump Sum Critical Illness:** provides a cash benefit in the event of heart attack, stroke, end stage renal failure & major organ transplant.

**BEST FEATURE:** Aflac programs only cost \$5-\$10 / week for an individual (1 & 2 parent rates available. Can you afford not to?

### Contact Our Agent: Dan Barry

for more information, enroll off-site, claims, etc.  
C-845-532-2053 | [daniel\\_barry@us.aflac.com](mailto:daniel_barry@us.aflac.com)

# Pearl Insurances / CSEA

Insurance plans specifically designed for CSEA Members!

- *Disability*
- *Term Life*
- *Whole Life*
- *Universal Life*
- *Critical Illness*
- *Comprehensive Accident Plan*
- *Hospital & Home Care Recovery*
- *Auto*
- *Home & Renters*
- *RV, Boat, Motorcycle*
- *Umbrella*
- *Pet Insurance*



Your CSEA Insurance Representative

**Sean Lynch**

*Serving Columbia, Delaware, Dutchess, Greene, Schoharie, Sullivan & Ulster Counties*

**518.860.0612 | Call or Text!**

[sean.lynych@pearlinsurance.com](mailto:sean.lynych@pearlinsurance.com)

**Like & Follow Us on Facebook!**

[@cseainsurance.com](https://www.facebook.com/cseainsurance.com)



PEARL INSURANCE®





# NYS Deferred Compensation Plan

Retirement is like a puzzle. Without all the right pieces, your financial picture will be incomplete. When you retire, you may be counting on two sources of income — Social Security and your employer pension plan. Did you know, this may leave you short?

Social Security was never meant to be a sole source of income. On average, a public pension will replace only about 50% of your current income after 25 years of

service. \* These two pieces are a great start, but enrolling in the New York State Deferred Compensation Plan may be one piece to help complete the puzzle.

We know it's difficult to determine how much additional savings you'll need to supplement your social security and pension. That's why we've developed the chart below to help you make that determination.

Where retirement income comes from	Example	You
A. What <b>percent of your current income</b> will you need per year during retirement?	80 – 100%	
B. Your employer's <b>pension</b> makes up what percent of your retirement income?	50%	
C. What percent of your income will come from <b>Social Security</b> ?	20%	
D. What percent of your retirement income will need to come from <b>other sources</b> (such as the <b>New York State Deferred Compensation Plan</b> )?	<b>30%</b>	

*Directions: Add rows B and C and then subtract from row A. Write the number in row D – this shows you what percentage of your income will come from your personal savings, like your deferred compensation plan.*

Complete your retirement puzzle. The New York State Deferred Compensation Plan may be the missing piece you need!

Information/Enrollment kits are available at your Human Resources Dept. or by calling NYS Deferred Compensation Plan toll free: (800)422-8463

*Investing involves risk, including possible loss of principal. Information provided is for educational purposes only and not intended as investment advice.*

\* NCPERS Research Series: *The Top Ten Advantages of Maintaining Defined Benefit Pensions*. May 2007  
Account Executives are registered representatives of Nationwide Investment Services Corporation, member FINRA. NRM 7409NY-NY (01/10)

# Employee Assistance Program



Ulster County recognizes that life is **stressful**. Our employee's mental and emotional health is just as important as their successful job performance as their

immediate families. There is no co-pay or out-of-pocket expense to the employee.

The program provides assistance for a variety of problems including marital, relationships, parenting, elder care, substance abuse and work-related stress. The employee simply makes a phone call and gives their contact information. Next, a counselor will personally call back and arrange a convenient time to meet. The counseling services are offered to help Ulster County employees resolve personal and professional concerns and difficulties. Some specific circumstances for which and EAP will provide assistance include:

- Stress
- Relationship Issues
- Family / parenting
- Domestic Violence
- Divorce / separation / break-ups
- Alcohol / substance abuse
- Single parenting
- Aging parents
- Grief / loss / terminal illness of a loved one or co-worker
- Depression
- Anxiety
- Interpersonal conflicts workplace conflicts or changes

Conflicts in the workplace Job frustration or burnout  
For more information about the EAP program, please contact your Personnel Department or reach out directly to EAP by calling 338-5600 to schedule an appointment.



# Treasury Direct and NY-529 Program Information

## Two Great Programs Available through Payroll Deductions

### The Payroll Savings Options in TreasuryDirect



From your TreasuryDirect account you may buy savings bonds and other Treasury securities.

<http://www.treasurydirect.gov/tdhome.htm>

#### **Payroll Deduction College Savings Plan (NY 529 Direct Plan)**

Here's a quick look at the many ways you can benefit when you save with the *Direct Plan*.

##### **Flexible Use of Savings**

Save for a child, grandchild, friend—or even yourself.

Use at any eligible 2- or 4-year college or university, vocational or technical school, or graduate school in the United States or abroad.

Pay for tuition, certain room-and-board expenses, books, supplies, and the expenses for the purchase of certain computer equipment, software, and computer-related services.

##### **Tax Benefits**

Grow your earnings tax-deferred.

Pay no federal taxes on qualified withdrawals.\*

Contribute up to \$70,000 in a single year (\$140,000 if married filing jointly) for each beneficiary, without incurring federal gift taxes as long as you don't make any other gifts to that same beneficiary for five years.\*\*

##### **More tax benefits for New York taxpayers**

Pay no state taxes on qualified withdrawals.

Deduct up to \$5,000 (\$10,000 if married filing jointly) in contributions to the Direct Plan on your state income tax return each year.\*\*\*

Easy Setup

Open an account with any amount you choose—there is no minimum contribution amount.

<https://www.nysaves.org/home.html>

Contact the Finance Department—Payroll Unit @ ext. 3557  
for more information on how to begin saving TODAY.

# Labor / Management Sick Leave Bank Information

## FOR CSEA AND UCSA

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CSEA Employees & Non-union management are eligible to join the CSEA Sick Bank, and UCSA members may join the USCA Sick Bank.

For more information on either program, call Jim Farina at (845)340-3536

The intent of the Sick Leave Donation Programs are to provide a Sick Leave Bank (SLB) of leave days from which members may apply to use when in critical need of leave due to a catastrophic illness or injury (as defined in the program policy).

- ♦ Complete an application to voluntarily donate leave with the understanding that donated leave will not be returned.
- ♦ Must have a minimum of ten (10) sick days on the books AND one year of service as of the open enrollment period.
- ♦ Donate two (2) sick leave days upon joining and automatically donate one (1) day per year as needed.
- ♦ Forms and Policy available on intranet, or from payroll clerks.

Retirement Planning

**CONFIDENTIAL & VOLUNTARY**

# Retirement Planning

## Considerations as You Approach Retirement

As you begin to approach your retirement age, there are many things to keep in mind. This is by no means a complete reference but here are some points to ponder and helpful places to find useful information:

- The N.Y.S. Comptroller's Office is responsible for administration of the NYS Retirement System. Their website: <http://www.osc.state.ny.us/retire/members/index.php> includes forms, contract information a retirement timeline and more.
- The N.Y.S. Retirement System telephone number is 866-805-0990.
- To assist you in determining approximately what your pension amount will be, as well as explanations of your various payment options, please visit: <https://nysosc9.osc.state.ny.us/product/benproj.nsf/BenProgFlashPage>
- When anyone covered by one of the Ulster County Health Insurance plans becomes Medicare eligible, you must contact the Employee Benefits Office immediately.
- All Ulster County employees who retire from the N.Y.S. Retirement System upon retirement from Ulster County service, after a certain number of years as per collective bargaining agreement, are eligible to receive retiree health insurance as per the collective bargaining agreement.
- Please note that once you retire, you may not add any dependents to your retiree health insurance plan.
- Your retiree health insurance will begin the first of the month following your retirement date, so please contact the Employee Benefits Office as far in advance, with a minimum of 30-days if possible, to arrange for a smooth transition of health coverage from employee to retiree and to arrange for the billing option of your choice.

## REGISTER for Retirement Information Online!

You may now register for an online account to access all retirement benefit information.



### **Retirement Online—Your Benefits. Your Way!**

- Review your benefits
  - Update contact information
  - Apply for a loan (active members only)
  - Submit beneficiary changes
- ▶ Visit [www.osc.state.ny.us/retire](http://www.osc.state.ny.us/retire) and look for the Retirement Online logo to signup.

### **The New York State Retirement System is phasing out paper forms and applications soon !!**

Create your online account with the New York State Retirement and have all your retirement information, forms and applications at your fingertips!

# Need Help?

Benefits: [www.aleraedge.com](http://www.aleraedge.com) / AleraGray  
Customer Service at Alera Edge  
[support@aleraedge.com](mailto:support@aleraedge.com)  
**1-800-836-0026**, x7400 | 8am-4:30pm



Medical Benefits | EmpireBlue  
**Member Service:**  
See your ID Card for a phone number  
OR **1-800-331-1476** | 8:00am-5pm



Dental Benefits | MetLife  
**Customer Service: 1-800-942-0854**  
Group #: 217284



Vision Benefits | Davis Vision  
**Customer Service: 1-877-923-2847**  
Group #: 2769



FSA | AleraPay  
**Customer Service:**  
[AleraEdgePay@AleraGroup.com](mailto:AleraEdgePay@AleraGroup.com)  
**1-800-836-0026**, x7200  
See also: AleraPay App



Insurances  
Disability Accident, Cancer, Hospital  
**Customer Service: 1-800-366-3436**  
Reference your Policy #



Pearl Insurances  
Customer Service & Claims  
[www.cseainsurance.com/FAQs](http://www.cseainsurance.com/FAQs)  
518-860-0612, Sean Lynch



Employee Assistance Program (EAP)  
**XXX-338-5600 for appointments**  
[www.eonekingston.com](http://www.eonekingston.com)

Savings Programs

**Treasury Direct and NY-529:**

Finance Department-Payroll Unit x 3557

**CSEA/UCEA Sick Bank:**

Jim Farina, 845-340-3536

Retirement Planning

**NYS Deferred Compensation Plan:**

(800)422-8463

**Retirement:** [www.osc.state.ny.us/retire](http://www.osc.state.ny.us/retire)

<https://nysosc9.osc.state.ny.us/product/benproj.nsf/BenProgFlashPage>



# Holiday Schedule—Ulster County-2022

NEW YEAR'S HOLIDAY 2021	FRIDAY, DECEMBER 31
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 17
LINCOLN'S BIRTHDAY **	FRIDAY, FEBRUARY 11
PRESIDENT'S DAY	MONDAY, FEBRUARY 21
GOOD FRIDAY **	FRIDAY, APRIL 15
MEMORIAL DAY	MONDAY, MAY 30
INDEPENDENCE DAY	MONDAY, JULY 4
LABOR DAY	MONDAY, SEPTEMBER 5
COLUMBUS DAY	MONDAY, OCTOBER 10
ELECTION DAY **	TUESDAY, NOVEMBER 8
VETERAN'S DAY	FRIDAY, NOVEMBER 11
THANKSGIVING DAY	THURSDAY, NOVEMBER 24
DAY AFTER THANKSGIVING *	FRIDAY, NOVEMBER 25
CHRISTMAS HOLIDAY	MONDAY, DECEMBER 26
NEW YEAR'S HOLIDAY 2022	MONDAY, JANUARY 2, 2023

\*DAY AFTER THANKSGIVING – SOME OFFICES ARE OPEN – Time and one half plus compensatory time for CSEA employees who work.

\*\* (FLOATING HOLIDAYS) – OFFICES ARE OPEN – Compensatory time off for all CSEA employees who work.